College of Physicians and Surgeons of British Columbia

2009/10 Annual Report

A Year in Transition

Serving the public through excellence and professionalism in medical practice

Transparent
Objective
Impartial
Fair

2010 Annual General Meeting
Friday, September 24, 2010

Vancouver Convention Centre
Vancouver, British Columbia

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1 Reflections on the Year Past; Planning for the Year Ahead

About the College

The College of Physicians and Surgeons of British Columbia was established in 1886 as the licensing and regulatory body for all medical practitioners in the province. The College's overriding interest is the protection and safety of patients, and the quality of care they receive from licensed physicians in BC.

Regulation of the profession requires both proactive and reactive measures. Proactively the College maintains high educational standards and licensure requirements and administers a number of quality assurance programs, such as periodic peer reviews of physicians and their practices and reviews of prescribing practices. The College also accredits diagnostic and non-hospital medical and surgical facilities and develops policy and guidance to address issues that arise in the course of active practice. In its reactive role, the College manages a comprehensive process for addressing public concerns and responding to inquiries, and developing and maintaining high standards for physician conduct and performance.

The College is governed by the *Health Professions Act*, and the Regulations and Bylaws made under the Act. A board comprised of 10 peer-elected physicians and five public representatives appointed by the Ministry of Health Services are responsible for the governance of the College. The daily operations are administered by the registrar and other medical and professional staff.

About this Report

This past year will be remembered as a year of unprecedented change for the College of Physicians and Surgeons of BC, resulting from the transition to new governing legislation – the *Health Professions Act*. While change always presents opportunities for growth and progress, the transition to the new Act in June 2009 also brought with it great challenge. This report describes the work and activities of the past year, highlights the major accomplishments, and reflects the commitment and dedication of many who give their time and expertise to deliver on the College's mandate.

Statistics contained in this report cover the period from January 1, 2009 through to December 31, 2009 unless otherwise indicated. Due to changes in reporting resulting from the *Health Professions Act*, year to year comparisons are not always available.

Committee Reports

The chairs of each of the College's committees are required by statute to submit a written report of their specific activities and accomplishments to the Board. These reports can be viewed on the College website at **www.cpsbc.ca** under About the College>Board and Committees.

2009 Annual General Meeting

Minutes from the 2009 AGM can be viewed on the College website at **www.cpsbc.ca** under Publications and Resources>Annual Report.

President's Message

June 1, 2009 was a historic day for the College as the *Medical Practitioners Act* was repealed and the College transitioned under the *Health Professions Act.* On this day, the Minister of Health Services said, "We have modernized and revamped the legislation and regulation governing most of the health professions in British Columbia. Uniform legislation helps protect the public and ensure that our health profession regulators maintain the highest level of accountability and transparency, while ensuring their members can safely practise to the full extent of their skills and abilities."

Although transitioning to new legislation involved a great amount of work by the Board, committee members and staff, the process has underscored our collective conviction that this College is a leader in professional self-regulation, with a strong commitment to ensuring the quality of care provided by licensed physicians in this province.

A significant change occurred early in 2009 with the governing council of the College being renamed a board. The new board members were sworn in at a formal Oath of Office ceremony just prior to transitioning to the new Act, attesting that they will be guided by the public interest in the performance of their duties. This ceremonial procedure served to remind all of us about the privilege we carry as governors to guide the profession while keeping patient safety foremost in our thinking and in our decision-making.

Drafting bylaws under the new Act was an enormous task that required long hours and numerous revisions to guarantee every aspect of the College's work and activities was appropriately considered. Noteworthy features, which are expanded on in this report, include the introduction of new classes of registration, new lines of reporting for the College's many committees, opportunities for enhanced quality assurance activities, and prescribed timelines for adjudicating complaints.

One significant benefit of a common legislative framework is the opportunity to work together with other health regulators to discuss and develop best practices in professional regulation, including quality assurance activities, patient relations initiatives, and registration processes.

Darlene M.S. Hammell, MD, CCFP, FCFP
President

"It has been an honour to guide this College through such a remarkable transition."

It has also opened the door to expanded relationships and productive dialogue with the Ministry of Health Services. The College has appreciated the opportunity to work collaboratively and, more often than not, there is high degree of understanding and common purpose between the College and the ministry. Some topics, however, have required more intense discussion. For example, the Board was very concerned about a proposed expanded scope of practice for naturopaths to include prescribing authority, and the ability to order ultrasound and x-rays for diagnostic tests. The Board continues to be actively engaged in scope of practice discussions with the minister.

The proclamation of Bill 11, the *Labour Mobility Act*, created new challenges for the College in terms of granting licensure to applicants. More details about the impact of the requirements of this new Act are described in chapter 2 of this report, Licensing Competent Physicians.

I joined the College Board seven years ago because of my own personal belief that, "to whom much is given, much is expected." It has been an honour to guide this College through such a remarkable transition. This past year, I have worked with physician and public members of the Board who, without exception, are sound, wise people, deeply committed to the College's mandate.

Under the leadership of Dr. Heidi Oetter, the staff has reviewed and re-worked its operations and administrative procedures to make certain that the College is compliant with the new legislation. All of the individuals who deliver the work of this College are to be applauded.

I look forward to serving the Board and the larger College community as president again for the 2010-11 term.

Darlene M.S. Hammell, MD, CCFP, FCFP
President

The College Board and staff would like to acknowledge the retirement of Dr. Douglas Blackman in January 2010. In the 11 years he served as deputy registrar and senior deputy registrar, Dr. Blackman was responsible for a variety of portfolios including, registration and licensure of physicians, monitoring and appraising practice standards, and for the College's accreditation programs. The Board and staff thank Dr. Blackman for his contributions to the College, and wish him the very best in his retirement.

Registrar's Message

The transition under the *Health Professions Act* on June 1, 2009 marked a significant redefining of self-regulation for the College of Physicians and Surgeons of British Columbia. With this change, professionally led regulation is now arguably a shared responsibility. This is the logical consequence of increasing demands for accountability and transparency of regulatory practices. We trust that the redefinition will maintain and enhance public confidence both in the profession as a whole, and in the College's ability to exercise its regulatory mandate.

To the citizens and physicians of British Columbia the transition to a new legislative framework likely appeared seamless—even business as usual. For the College Board and staff, however, 2009 was a very busy year, with much time and energy focused on the development of bylaws consistent with the duty to serve and protect the public, and to exercise powers in the public interest.

An example of "shared regulation" was the government's expectation that the College develop bylaws for provisional and restricted classes of registration, in addition to the full class. The passage of the *Labour Mobility Act* in the fall of 2009 was similarly an example of "shared regulation" as government required the College to develop bylaws that afforded registration to physicians who hold full, unrestricted licences in another Canadian jurisdiction regardless of their academic qualifications.

The College has a long history of registering and licensing physicians who have received all or part of their training outside of Canada subject to certain limits and conditions (i.e., supervision), with an expectation that within a specified period of time they would complete their qualification examinations. The restricted class of registration is new, and is intended to recognize physicians who are competent to practise subject to permanent limits or conditions with no expectation of any examinations or upgrading of knowledge, skills and abilities.

A practice limited to surgical assistants only is an example of a proposed restricted class of registration that was developed by the Board. The Bylaws developed by the Board for both registration under the *Labour Mobility Act*, as well as the new restricted class of registration, have been formally submitted to the Minister of Health Services. Following consultation, the Minister of Health Services either disapproves the Bylaws or, by order, approves the Bylaws. This decision is given a legal force in effect by Ministerial Order.

Heidi M. Oetter, MD
Registrar

"Common registration standards for both full and provisional licences will serve and protect the public, and deliver on the government's commitment to domestic mobility of the physician workforce."

The passage of labour mobility legislation across Canada has focused the collective energy of the medical regulatory authorities to develop national standards for licensure. Significant success has been achieved to date in arriving at consensus for registration standards for first time applicants for full licensure, as well as standards for provisional licensure of appropriately qualified physicians who will practise under supervision. It is expected that physicians applying for provisional registration will successfully complete a comprehensive competency-based assessment that ensures that high standards of qualification are met. Common registration standards for both full and provisional licenses will serve and protect the public, and deliver on the government's commitment of domestic mobility for the physician workforce. Consistency of purpose is paramount, and if successful, will ultimately lead to a national register of duly licensed physicians.

Another example of "shared responsibility" for regulation is the establishment under the *Health Professions Act* of the Health Professions Review Board (HPRB). This independent lay tribunal has the statutory authority to review appeals of registration decisions and complaint dispositions, as well as investigate a complaint in the event of a delay.

The appeal processes of the HPRB have proven to be administratively complex including requirements for production of multiple paper copies of the record, attendance at pre-mediation and mediation meetings, provision of statement of points and counter points, and attending multiple-day hearings in the event that the matter is not concluded through the mediation phase. The creation of an arms-length tribunal may be regarded as an intrusion into self-regulation. Alternatively, although time and resource intensive, it may also be viewed as an opportunity to build accountability, transparency and trust in regulatory practices, which in turn will ensure that the profession maintains public confidence to continue the privilege of self-regulation.

The College continues to work with government and the Faculty of Medicine at the University of British Columbia on potential solutions to physician shortages. The expectation of the federal/provincial/territorial governments that we improve the integration of internationally trained physicians into Canada is indeed a challenge. The assessment of qualifications instead of credentials is dependent upon identifying capacity to perform workplace-based assessments, and the appropriate financial and human resources. Competency-based assessments for entry to practice purposes will be resource intensive, and must not in any way adversely impact the required resources to support the expansion of the undergraduate and post-graduate training programs of the Faculty of Medicine.

This brief account of issues and activities from the past year reinforces the fact that successful regulation requires and depends upon strategic leadership, appropriate resourcing, and an effective legislative framework. I am proud of our collective ability to rise to the challenges and embrace the opportunities that the modernization of our legislation has provided. I would like to thank the Board, our committee members, and our staff for making 2009 such a memorable year—a transitional year full of significant achievement.

Heidi M. Oetter, MD
Registrar

2 Licensing Competent Physicians

GOAL: Only qualified and competent physicians who meet the standards of excellence and professionalism are granted licensure.

During the past year, the College has delivered on its commitment to the public that only physicians who have the requisite knowledge, skills and demonstrated competencies are granted a licence to practise medicine in this province. This includes making sure that physicians are practising within their scope of training and experience.

The implementation of the *Health Professions Act* gave the College the authority to establish different classes of licensure including full, provisional and restricted. Historically, physicians were granted a licence for medicine, surgery and midwifery. Under the new Bylaws, and with the modernization of registration, there are now 20 unique classes of licensure. The Bylaws also contain a discipline-specific registration for family physicians and specialists who hold either a full or provisional licence. The College believes that medical students should be accountable to their regulatory body in addition to their university, and through the bylaw development phase, successfully argued for the continuance of an educational class of licensure. Other Colleges across Canada are considering a similar arrangement for medical students in their jurisdiction.

This rigorous licensing process was complicated this past year by the new *Labour Mobility Act*. This codifies the national Agreement on Internal Trade (AIT) signed by federal, provincial, and territorial governments.

The *Labour Mobility Act* requires that persons certified in any Canadian jurisdiction be recognized and able to practise their profession in any other Canadian jurisdiction. Although the AIT was designed initially for certified trades, the mandate was broadened to include all professions such as lawyers, engineers and physicians.

The challenge is that not all provinces have equivalent standards for registration. A physician may be practising with a full, unrestricted licence in another province even though the training, examinations and assessments required in BC have not been completed. Yet, under the *Labour Mobility Act*, that physician is eligible for full licensure in this province.

To address the potential adverse consequences arising from domestic mobility, the Federal Medical Regulatory Authority of Canada (FMRAC) and its member Colleges are developing a national standard for registration so that all provinces will have a consistent standard for education, training and competency requirements for family physicians and specialists who have received all or part of their training outside of Canada. This process will likely lead to a national register for all physicians practising in Canada.

The *Health Professions Act* also created an independent tribunal called the Health Professions Review Board (HPRB). Under the *Medical Practitioners Act*, if applicants were not granted licensure for just and valid reasons they had limited avenues to appeal the decision. Now applicants have the right to appeal registration decisions to the HPRB.

Marjorie A. Docherty, MBChB, CCFP, FCFP
Chair, Registration Committee

"Our job is keeping the public safe through mandating excellence, professionalism and practice competency."

— Marjorie A. Docherty, MBChB, CCFP, FCFP
Chair, Registration Committee

It is the view of the College that there is no room to compromise or negotiate when it comes to setting standards for licensure for independent practice. There may be instances where an applicant can complete additional or remedial training to satisfy licensure requirements; however, there is no middle ground. A physician is either qualified or not qualified to practise medicine.

The cornerstone of a regulator's duty is to set standards for entry into a profession. The College should not have that duty unnecessarily fettered in an effort to resolve systemic physician shortages.

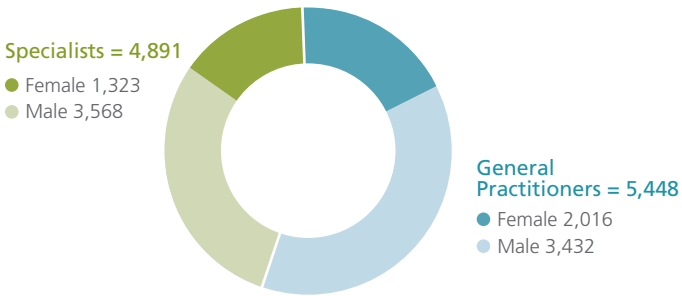
At the heart of the patient-physician relationship is trust, and it begins with patients' expectations that physicians are competent, qualified and capable of looking after their health and well-being. It is this College's obligation to fulfill that expectation.

Registration Statistics

MEDICAL WORKFORCE STATISTICS*

Total Active Registrants	2009	2008
Total	**10,919**	**10,613**
Male	7,411	7,291
Female	3,508	3,322
Residents of BC	10,339	10,006
Non-residents of BC	580	607

PRACTISING SPECIALISTS AND GENERAL PRACTITIONERS IN BRITISH COLUMBIA*



HEALTH PROFESSIONS REVIEW BOARD – Registration Decisions

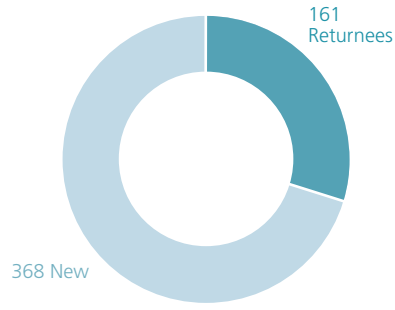
All figures apply from June 1 – December 31, 2009

Number of appealable decisions issued	190
Number of applications filed with the HPRB	3
Review rate (calculated 30 days after decision)	1.6%
Number of reviews returned (for new decision or reconsideration)	0
Rate of return for new decision	0%

Registration Statistics continued

NEW "FULL" REGISTRANTS*+

Total: 529



In 2009, there were 529 new registrants to the College – those classified as having the status of "full licensure." Of those, 368 were new registrants with the College (no prior registration) and 161 grouped as returnees (those who have had previous registration under a different class of licensure, such as temporary or locum).

NEW REGISTRANTS*

International Medical Graduates

	2009	2008	2007
Total	**175**	**156**	**148**
United Kingdom	28	23	32
United States	20	22	25
South Africa	66	58	41
Australia and New Zealand	7	9	6
Other	54	44	44

EDUCATIONAL REGISTRANTS*+

	2009
Medical Students	1089
Residents in Postgraduate Training	857
Fellows	172
Visiting Resident Electives	32
Clinical Trainees	105

Notes for all statistics reported above

* All figures calculated as of December 31, 2009

\+ Historical reporting not available

3 Assuring Excellence and Professionalism

GOAL: Through rigorous quality assurance programs and processes, every physician is practising to the highest professional standards and working in an appropriately accredited facility.

Quality Professionals

Ensuring the competency of physicians in BC through a rigorous licensing process is an important first step in a continuum of professional development, but it doesn't end there. Professional development is ongoing throughout a physician's career, including continual medical education, peer reviews and assessments, and adherence to ethical standards and guidelines.

Revalidation of Licensure

Research breakthroughs, new technologies and leading developments in medicine require physicians to keep their skills and knowledge current. Continuing medical education and professional development programs are essential in sustaining and developing competency.

The Federation of Medical Regulatory Authorities of Canada (FMRAC) developed the following statement, which was adopted by all medical regulatory authorities across Canada:

All licensed physicians in Canada must participate in a recognized revalidation process in which they demonstrate their commitment to continued competent performance in a framework that is fair, relevant, inclusive, transferable, and formative.

A significant component of this revalidation process is the confirmation of registrants' participation in continuing professional development / continuing education programs. As of January 2010, all BC physicians were required to verify their enrolment in one of the continuing medical education programs of either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada in order to renew their annual licence.

Medical Practice Assessments

Medical practice assessments of a physician's office-based practice aid in determining clinical competency. With two decades of experience, this proactive peer review process has demonstrated that the vast majority of BC physicians are practising to the appropriate standard, and has proven to be an effective means of assuring quality and continued professional development through support, guidance and advice. The College is continuing to explore initiatives that provide individual physicians with valuable feedback on their practice performance.

Lorna Sent, MBChB, CCFP
Chair, Prescription Review Committee

Prescription Review Program

The Prescription Review Program performs periodic reviews for specific drugs of potential risk for abuse, misuse or diversion, which may result in a focused review of prescribing patterns. The proactive peer review initiative relies heavily on the exchange of information between the College and prescribing physicians in the province. This clinical exchange is supplemented by prescription information available through the PharmaNet database that provides information on all controlled substances prescribed in BC.

Throughout 2009, physicians on the Prescription Review Committee participated in the development of a national guideline to help primary care physicians and specialists safely and effectively use opioids to treat patients with chronic non-cancer pain. The *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain*, available from the Michael G. DeGroote National Pain Centre at McMaster University, was released in May 2010.

Methadone Maintenance Program

The Methadone Maintenance Program is responsible for establishing guidelines for safe and effective prescribing of methadone, performing peer reviews of methadone maintenance practices, and conducting continuing education for methadone prescribers. The program also maintains a register of patients receiving methadone for opioid dependency. The committee overseeing the program makes recommendations to the federal Minister of Health on behalf of physicians who wish to prescribe methadone for either pain management or the treatment of opioid dependency. In order to receive authorization to prescribe methadone, a physician must complete a one-day workshop and two half-days of preceptorship. All newly authorized physicians are peer reviewed within the first year.

2009 highlights:

- 26 methadone peer reviews were conducted during the year
- 11,033 methadone patients were registered in the program
- 28 new physicians were granted exemptions
- In total, 390 BC physicians have methadone exemptions

In December 2009, the revised and updated *Methadone Maintenance Handbook* was published and distributed to all physicians authorized to prescribe methadone.

Quality Facilities

Rigorous accreditation programs assure that quality of care and the highest standards of professionalism extend to all diagnostic facilities and non-hospital medical and surgical facilities operating in British Columbia.

Diagnostic Accreditation Program

The Diagnostic Accreditation Program is mandated to assess and ensure the quality of the 498 private and public diagnostic facilities currently operating in BC. It establishes, evaluates and monitors performance standards, provides education and consultation in diagnostic health care, and administers 19 accreditation programs covering the full range of diagnostic services. The program is rooted in the philosophy of peer review and professional initiatives to sustain and promote compliance with accepted standards.

2009 highlights:

- The Hospital-based Pulmonary Function Testing Accreditation Standards were approved and implemented. The draft standards for polysomnography continued with field testing; a final revision date is planned for late 2010.
- The 2007 editions of the Diagnostic Imaging and Laboratory Medicine Accreditation Standards proceeded through the formal review and revision process; new editions will be released in 2010.
- 154 on-site peer review surveys were completed; included in the assessment were hospital-based neurodiagnostic and pulmonary function testing services, which were being evaluated to the new standards released in 2008 and 2009 respectively.
- Health Canada released Safety Code 35, outlining radiation protection practices and safety procedures required in all radiological facilities. Program staff worked closely with WorkSafe BC and the Ministry of Health Services to assess the impact of this code on BC diagnostic imaging facilities, and to develop consensus regarding the interpretation and implementation of the code.
- 80 technologists, managers and physicians from BC and Alberta's pulmonary function testing laboratories attended the Quality Systems in Pulmonary Function Laboratories seminar, hosted by program staff.

"From rigorous on-site peer review surveys and the monitoring of performance standards, to providing education and consultation to health care professionals, British Columbians can be confident in the quality of diagnostic health care in the province."

— Henry Huey, MD, FRCPC
Chair, Diagnostic Accreditation Committee

C. Brian Warriner, MD, FRCPC
Member, Non-hospital Medical and Surgical Facilities Committee

"Our fundamental responsibility to the public is ensuring that every medical and surgical facility in the province adheres to the Bylaws, and to accepted provincial and Canadian standards of practice and procedure."

— C. Brian Warriner, MD, FRCPC
Member, Non-hospital Medical and Surgical Facilities Committee

Non-hospital Medical and Surgical Facilities Program

There are currently 66 accredited private medical and surgical facilities in the province, conducting a variety of medical procedures (e.g. colonoscopies) and surgeries (e.g. cosmetic, ophthalmic, gynecologic, orthopedic). Making sure that practice standards are the same or better than those in a hospital setting is the responsibility of the non-hospital medical and surgical facilities program, and the committee that oversees and guides the program. The practice and performance standards for private medical and surgical facilities are now well-defined in the Bylaws under the *Health Professions Act*.

Facilities accredited by the College participate in a thorough three-year accreditation cycle. The process includes: rigorous inspection and detailed reporting by a qualified accreditation team; ensuring adherence to health care guidelines and standards as well as the bylaws that govern the program; and approving the appointments of medical staff at the facility based on training, credentials and qualifications. The provincial government's *Best Practice Guidelines for Cleaning, Disinfection and Sterilization of Medical Devices in Health Authorities*, which came into effect for hospitals in 2007, were adopted for all non-hospital medical and surgical facilities.

Each surgical procedure performed at a facility, as well as the surgeon performing the procedure, is vetted and approved by the Non-hospital Medical and Surgical Facilities Committee. This past year the committee approved the introduction of a laparoscopic adjustable gastric banding (LAGB) surgery program, and developed the *LAGB Program Guideline* in collaboration with facility stakeholders and other experts in the field.

Other examples of enhanced rigour can be seen in larger clinics, particularly where patients may stay overnight. There is a greater emphasis on training in advanced cardiac life support for physicians and nurses, and a requirement for registered nurses to be fully qualified in operating or recovery room procedures. Each facility, regardless of size, is required to report annually to the committee on the number and types of surgeries performed, and promptly report any complications arising from a procedure or incidents that result in an admission to hospital. The program operates on a cost-recovery basis through annual accreditation fees.

Lori d'Agincourt-Canning, PhD
Member, Ethics Committee

Ethics Committee

The Ethics Committee is a new committee under the *Health Professions Act* responsible for developing policy and professional guidance to address ethical issues and dilemmas that occur in contemporary medical practice.

The role of ethics is deeply entrenched in the practice of medicine through the Hippocratic Oath, symbolizing all physicians' dedication to the preservation of life. The Ethics Committee brings an "ethical lens" to a specific situation or issue to ensure that the outcome or recommended course of action reflects the duties and responsibilities of medical professionals as outlined in commonly accepted ethical principles and in the Canadian Medical Association's *Code of Ethics*.

This past year, the committee critically examined and revised several existing policies such as Advertising and Communication with the Public, Withdrawal of Services, and Planned Home Births. These and other policies are contained in the Physician Resource Manual available on the College website.

The committee is also responsible for identifying and examining emerging societal, environmental or other issues that have consequences for physicians. For example, the advent of social media presents new challenges and has inspired interesting discussions about professional boundaries in an increasingly wired world. How can a profession sustain its credibility and public esteem in this new environment where the boundary between personal and professional lives is progressively more blurred?

Understanding not only this new world of social media, but other day-to-day challenges or dilemmas commonly faced by practising physicians is imperative in order for this committee to develop useful ethical guidance.

"Everything we do as a College is, and must be, about the inter-relationship between ethics, professional standards and quality of care. There can be no division because without the first, you cannot provide the others."

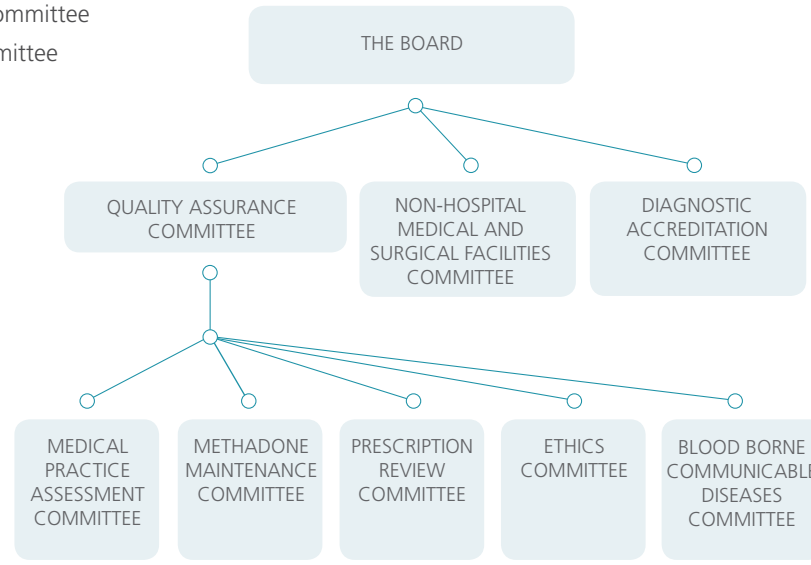
— **Lori d'Agincourt-Canning, PhD**
Member, Ethics Committee

Quality Assurance Committee

The Quality Assurance Committee is a new statutory committee under the *Health Professions Act*. The committee reports directly to the Board. The following committees report to the Quality Assurance Committee:

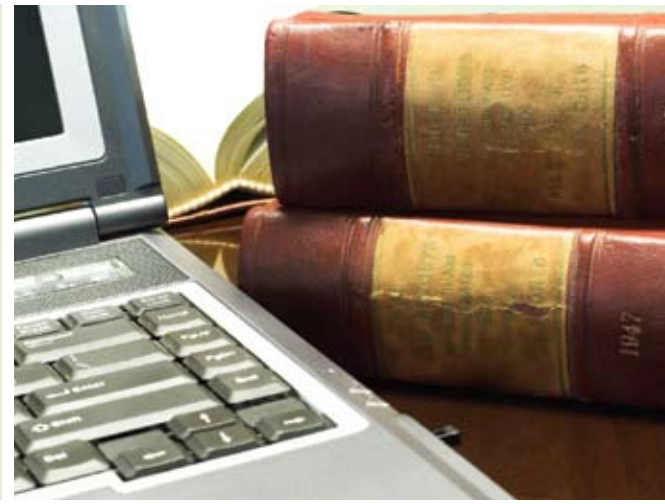
- Medical Practice Assessment Committee
- Methadone Maintenance Committee
- Prescription Review Committee
- Ethics Committee
- Blood Borne Communicable Diseases Committee

The Non-hospital Medical and Surgical Facilities Committee and the Diagnostic Accreditation Committee report directly to the Board.



The College Library

In 2009, College registrants made intensive use of the library's information and education resources. More than 40,000 articles were provided and librarians responded to almost 1,500 in-depth literature search requests. New, high-quality electronic resources were acquired including BMJ Point of Care, online multimedia refreshers in emergency and anesthesia procedures, more audio lectures on MP3, and expanded electronic journal and electronic book access. Approximately 250 physicians participated in librarian-led literature searching workshops.



4 Addressing Public Inquiries and Concerns

GOAL: Respond to all complaints compassionately, transparently and objectively, and take the appropriate remedial or disciplinary action required in the public interest.

Protecting the public

Safeguarding the public is the mandate and foremost priority of the College. The transition to the *Health Professions Act* provided an opportunity to reorganize administrative processes and streamline timelines for handling complaint files. The comprehensive review and serious consideration of each file remains a foundational principle to ensure a just and fair process for patients and physicians involved in complaints proceedings.

Complaints Received

Complaints brought to the College are streamed into three broad categories: ethics and conduct, clinical performance, or boundary violations. In 2009, a total of 984 new complaint files were opened, which remains a relatively constant number compared to previous years.

Nearly 50 per cent of complaints from the public were related to professional conduct and/or ethical standards, with the vast majority resulting from communication issues between the patient and the physician.

Slightly more than half of complaints were related to clinical performance; primarily allegations of deficient performance on the part a physician, or patient dissatisfaction with surgical outcomes.

Less than 3.5 per cent of all complaints received related to boundary concerns.

Greg Stevens
Member, Inquiry Committee

"The public can be confident in knowing that their concerns are taken very seriously. Physicians are expected to act at all times in accordance with accepted standards of care, to behave professionally, to maintain confidentiality, and to communicate effectively with their patients."

— **Greg Stevens**
Member, Inquiry Committee

Review Process

Prior to June 2009, complainants dissatisfied with a decision of the College could bring their concerns to the Office of the Provincial Ombudsman. Under the *Health Professions Act*, patients now have the right to appeal a complaints disposition of the College to the newly established Health Professions Review Board (HPRB).

The College's interaction with this tribunal has required a significant amount of legal input to prepare for the appeal, including preparing the record, advancing preliminary motions, and participating in case management, mediation and alternate dispute resolution processes. This additional workload has necessitated an increase in both financial and human resources.

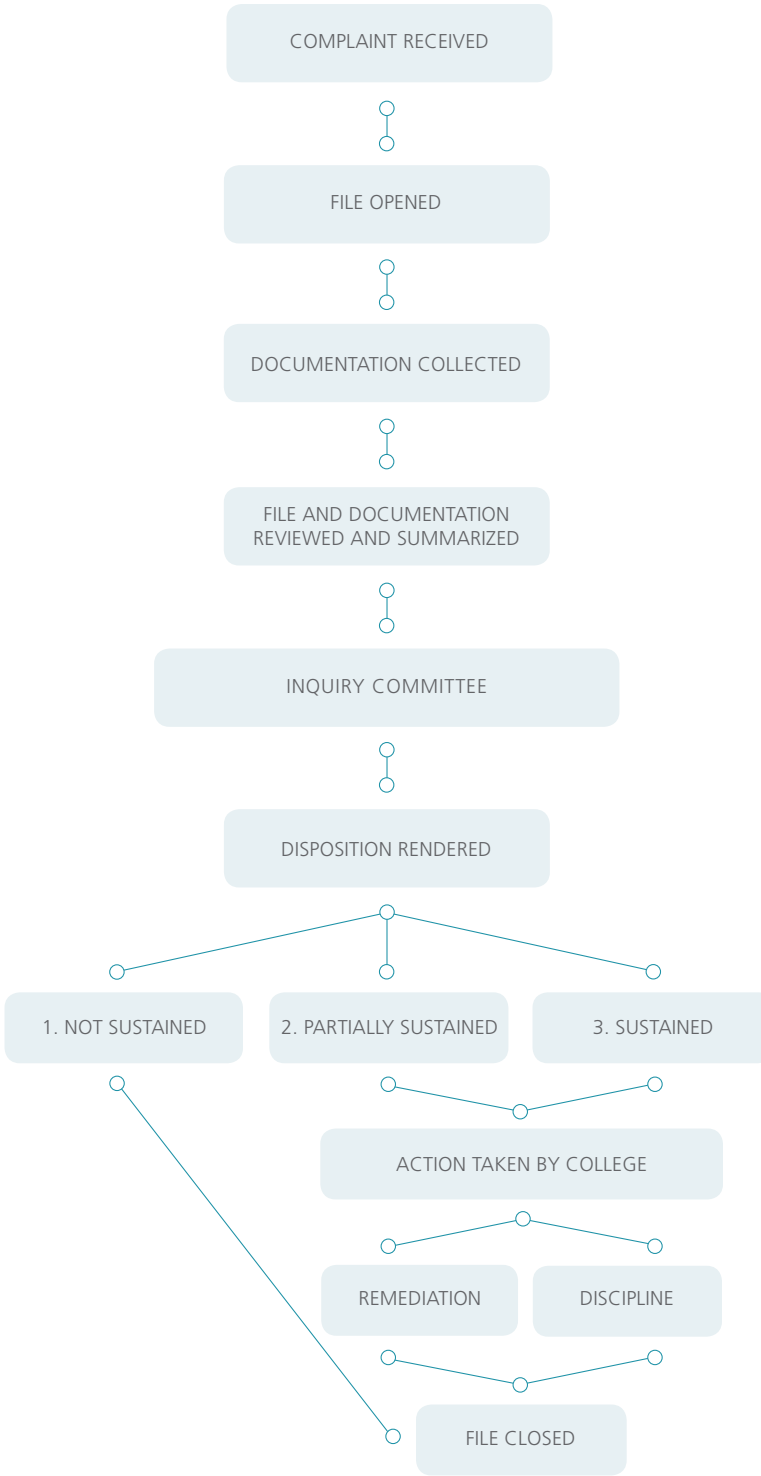
It is still too early to evaluate the impact of the new board—both in terms of direct financial output for the College, or the quantifiable return for the public.

However, the College recognizes that an independent tribunal plays an important role in promoting transparent, objective, impartial and fair administrative processes and decision-making by all regulated health professions.

Inquiry Committee

The Inquiry Committee is a new standing committee under the *Health Professions Act*, replacing the previous complaints committees under the *Medical Practitioners Act*. The committee reports directly to the Board. The work of the Inquiry Committee begins with a review of the material obtained through the investigation of the complaint to determine whether it is sustained or not, and whether remedial or disciplinary action is required. Sustainable complaints are adjudicated with the same degree of rigour by one of the committee's four inquiry panels, which fulfill similar functions of the past Quality of Medical Performance Committee, Ethical Standards and Conduct Review Committee, and the Sexual Misconduct Review Committee.

A complaint is adjudicated as follows:



"The *Health Professions Act* gave us an opportunity to put a spotlight on our complaints process only to find that we had always been rigorous and working towards a very high standard."

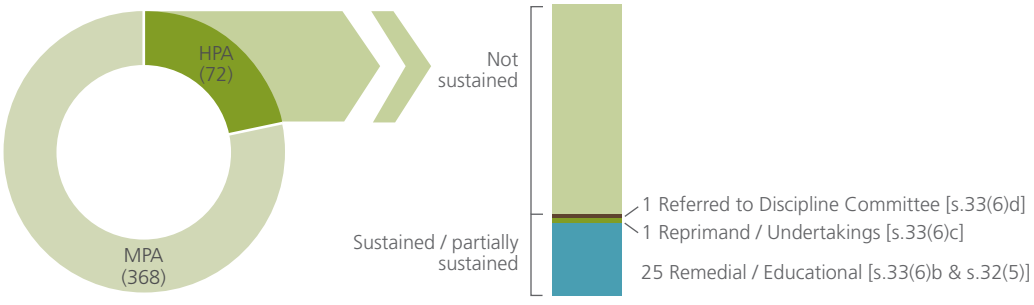
— Darlene M.S. Hammell, MD, CCFP, FCFP
President
Chair, Inquiry Committee

Complaints Statistics

COMPLAINTS STATISTICS

	2009			2008	2007
	TOTAL	HPA	MPA		
Complaints initiated	984	581	403	1001	1065
Clinical	483	280	203	484	463
Conduct	467	280	187	504	595
Boundary	34	21	13	13	7
Complaints concluded	440	72	368	772	671
Complaints abandoned/withdrawn	30	21	9		
Complaints pending	514	488	26		

COMPLAINTS CONCLUDED IN 2009



Under the *Health Professions Act*, every complaint filed with the College is now reviewed by the Inquiry Committee.

HEALTH PROFESSIONS REVIEW BOARD – Complaint Dispositions

All figures apply from June 1 – December 31, 2009

Number of decisions issued	248
Number of applications filed with the HPRB	34*
Review rate (calculated 30 days after decision)	13.3%
Number of reviews returned (for further investigation or new decision)	0
Rate of return for new decision	0%

**Included in this figure are the six decisions made under the MPA, including two decisions made in 2007.*

Investigations, Inquiries, Discipline

In 2009 five disciplinary matters were concluded:

January

Dr. Kevin Lee PATTERSON, *Salt Spring Island*

Dr. Patterson admitted that he was guilty of unethical and unprofessional conduct in breaching his professional duty of confidentiality by writing an article which identified personal health information, including the name and details of his treatment of his patient, Canadian Forces Corporal Kevin Megeney (deceased), when he had no consent to do so. The article was published in the July/August 2007 edition of *Mother Jones* magazine. In determining the disposition of this matter, the College acknowledged and weighed the contribution that Dr. Patterson had made through his efforts as a civilian contract physician with the Canadian Forces, and through his published accounts of his experiences in war-torn regions. Dr. Patterson assured the College that in any future writings based on medical scenarios, or in any future works of journalism or fiction, he will not include any information that could identify patients. The College imposed penalty that included a formal written reprimand, participation in continuing medical education and costs of $5,000. The penalty imposed took into account Dr. Patterson's admission of guilt, his contriteness and remorse for his conduct, and his full cooperation throughout the College's investigative process. Dr. Patterson also agreed to make a charitable donation of $7,000.

January

Dr. John Newton MACTAVISH, *Victoria*

Dr. MacTavish admitted that he was guilty of infamous conduct with respect to entering into an inappropriate personal and intimate relationship with a patient in 2005. Dr. MacTavish agreed to resign as a member of the College effective January 30, 2008 and not to reapply for registration with the College or apply for registration to any other medical regulatory body.

May

Dr. Hendrik Frederick Christiaan PUTTER, *Nanaimo*

Dr. Putter admitted that he was guilty of unprofessional conduct with respect to engaging in personal communications with a patient and meeting socially outside the patient-physician relationship in an attempt to initiate and pursue a personal relationship with the patient. The College imposed a penalty that included a six-month suspension from practice, commencing April 1, 2009 (with three months stayed if terms and conditions were met), assessments and counselling, an interview by the College to further assess and determine conditions of registration, and monitoring of his practice.

Investigations, Inquiries, Discipline continued

May

Dr. Wilson Wai-Shun LI, *Vancouver*

In 2007, Dr. Li, a former resident in the Internal Medicine Residency Program at the University of British Columbia, sent an anonymous email, written in the first person, to 25 faculty members of the Division of Gastroenterology at Vancouver General Hospital alleging, without any reasonable basis, that a patient had been a victim of sexually inappropriate conduct by a resident in the Residency Program. Dr. Li ceased to be a resident in early 2008 and had, therefore, ceased to be registered with the College for educational purposes. Dr. Li admitted that he was guilty of infamous conduct. The College imposed a penalty that included Dr. Li's offer of an apology to the resident whom he falsely accused, and that he write to each of the recipients of the email, stating that he authored it, that its contents had no reasonable basis, and that he has admitted to the College that his conduct in sending the email and impugning the resident's reputation was infamous.

Dr. Li will not be eligible to re-apply for registration to the College or to any other medical licensing body prior to September 1, 2010. In any re-application for registration to the College Dr. Li will have to demonstrate acceptable assessment, counselling, continuing medical education, professional development, and participation in a mentorship. Dr. Li was required to pay costs of $4,750.

September

Dr. Charles Richard MYERS, *Vancouver*

Dr. Myers admitted that he was guilty of unprofessional conduct by failing to provide appropriate gowning, remaining in the room while a patient changed and engaging in inappropriate personal conversation. The College imposed a penalty that included a six-month suspension from practice commencing September 1, 2009 (with three months stayed if terms and conditions were met), assessments and counselling, an interview by the Executive Committee, and costs of $1,500. Upon return to practice, Dr. Myers was required to comply with various conditions, including having a chaperone present for all breast, pelvic or other sensitive examinations of female patients and throughout all physical examinations of female patients that require the patient to disrobe, and to have his practice monitored.

One formal action for breaches of conditions of registration was concluded:

October

Dr. Pankaj DHAWAN, *Vancouver*

Dr. Dhawan, a physical medicine and rehabilitation specialist, acknowledged that he breached various terms and conditions of his temporary registration, which were imposed in 2004 following his return to practice after disciplinary action. The conditions required that Dr. Dhawan attend female patients in the presence of a chaperone approved by the College and that there be documentation of this practice in a form acceptable to the College. Dr. Dhawan utilized medical students and residents as chaperones at numerous patient attendances instead of the individuals approved by the College, and his documentation of chaperone attendances was inadequate.

Following a full review of the specific circumstances of the breaches, including the fact that third parties were present at all patient attendances, that no concerns had been expressed with respect to such attendances, and that Dr. Dhawan had professed a misunderstanding with respect to his practice requirements, Council issued a formal reprimand, imposed assessments and counselling and a fine of $3,500.

Five physicians were formally reprimanded under s.53(7) of the *Medical Practitioners Act* and agreed to participate in various remedial measures.

ERASURES FROM THE PHYSICIAN REGISTER*

Erased from register under section 2-6(3) of the Bylaws under the *Health Professions Act* – Non-compliance with registration requirements	7 registrants
Removed from register at own request under section 21(3)(a) of the *Health Professions Act*	89 registrants
Restored to the register under section 2-4(1)(c) of the Bylaws under the *Health Professions Act* – payment of outstanding fee, debt, costs or penalty owed	14 registrants

**Effective December 31, 2009*

5 Operations, Administration and Governance

Statement of Operations

College

– excluding the Diagnostic Accreditation Program

Year Ended February 28	2010	2009
	$	$
Revenue		
Annual Registrant and Incorporation Fees	**12,711,624**	11,474,008
Investment income	**1,330,297**	1,758,915
Registration fees	**645,460**	461,174
Accreditation revenue	**506,686**	339,471
Other	**435,525**	130,538
Grant revenue	**422,952**	438,500
Medical directory and provider registry	**106,265**	286,787
Fines and costs	**100,100**	59,150
	16,258,909	14,948,543
Expenditures		
Salaries and employee benefits	**8,141,051**	7,450,378
Rent and occupancy costs	**1,460,631**	1,426,686
Board and committees	**1,090,424**	1,056,849
Office expenses	**576,175**	723,172
Information technology	**536,279**	409,919
Miscellaneous expenses	**343,512**	277,171
Physician health program	**301,000**	302,000
Professional fees	**281,694**	348,861
Bank charges and credit card fees	**236,640**	198,155
Publications	**216,599**	206,655
Travel	**158,305**	190,600
Federation membership dues	**154,710**	139,608
Grants	**144,900**	140,403
Amortization, leaseholds and equipment	**131,774**	152,111
Annual meeting and election	**71,651**	82,238
Scholarships	**20,500**	20,500
	13,865,845	13,125,306
Excess of revenue over expenditures before undernoted	**2,393,064**	1,823,237
Realized gain on investments	**1,496,350**	
Unrealized gain (loss) on investments	**1,573,409**	(1,748,268)
Excess of revenue over expenditures	**5,462,823**	74,969

Certain comparative figures have been reclassified to conform to the financial statement presentation adopted for the current year.

Diagnostic Accreditation Program

Year Ended February 28	2010	2009
	$	$
Revenue		
Accreditation revenue	**2,481,966**	2,223,073
Site survey costs recovered	**463,013**	513,951
Grant revenue	**14,325**	130,917
Investment income	**5,951**	21,171
Other	**2,911**	2,735
	2,968,166	2,891,847
Expenditures		
Salaries and employee benefits	**1,389,334**	1,238,700
Site survey costs	**518,239**	566,376
Professional fees	**244,572**	155,313
Rent and occupancy costs	**139,896**	135,405
Office expenses	**95,834**	68,097
Miscellaneous expenses	**62,291**	79,172
Board and committees	**62,142**	133,591
Amortization, leaseholds and equipment	**59,025**	35,452
Travel	**18,951**	24,060
Bank charges	**1,006**	813
	2,591,290	2,436,979
Excess of revenue over expenditures	**376,876**	454,868

Report from Legal Counsel

Before the Courts and the British Columbia Human Rights Tribunal

The following matters were before the Courts and the British Columbia Human Rights Tribunal in the last fiscal year:

George Vrabec, Charalambous Andreou and Peter Pommerville v. The College

As reported in last year's annual report, these petitioners brought legal proceedings against the College as a result of the College's refusal to allow the petitioners the ability to use a High Intensity Focused Ultrasound Machine for prostate cancer at a non-hospital medical and surgical facility. The petitioners alleged that the College did not have the authority to pass the Rules accrediting and governing such facilities.

Alternatively, the petitioners made other allegations against the College including an allegation that the College's decision to deny the use of the machine was an unreasonable one.

The Supreme Court of British Columbia, after hearing many days of legal argument, rendered its decision in favour of the College on all allegations. Significantly, the court ruled that the College had the jurisdiction to regulate physicians in their ability to perform medical and surgical procedures in non-hospital settings. The court ruled that forms of treatment and prescribed therapies lie at the heart of the practice of medicine, within the College's jurisdiction. Further, the court ruled that the College has the authority to make Rules regarding treatment and that this authority to regulate treatment necessarily includes the authority to regulate the medical devices used to facilitate or deliver the treatment.

In dismissing the petitioners case, the court awarded costs to the College.

Dr. Ashley Robinson v. The College

As reported in last year's annual report, Dr. Robinson filed a complaint to the British Columbia Human Rights Tribunal alleging discrimination due to the fact that the College required him to pass the Royal College's examinations in order to practice as a specialist. Dr. Robinson had previously written the examinations and failed them.

After successfully completing the examinations subsequent to the complaint being filed, Dr. Robinson abandoned his complaint to the Human Rights Tribunal.

Zsuzsanna Holland nee Hegedus v. The College and others

This action was commenced in October 2009 by an unrepresented plaintiff. Although the allegation is difficult to discern at all times, the gist of it is that the College failed to recommend and set standards for the treatment of mercury poisoning used in dental restorative products or dental amalgams. Nothing further has happened in the lawsuit.

D. Martin
Miller Thomson LLP
Barristers & Solicitors

Deceased Registrants

Reported from May 1, 2009 – April 30, 2010

Allan, Dr. David Stewart, *New Westminster, BC*	March 29, 2010
Anderson, Dr. George Hamilton, *Victoria, BC*	August 21, 2009
Andersons, Dr. Varis, *Langley, BC*	June 1, 2009
Andrews, Dr. William John, *Tucson, AZ*	February 22, 2010
Baldwin, Dr. John Henry, *Nanaimo, BC*	January 23, 2010
Beggs, Dr. Danica Maria, *Vancouver, BC*	May 1, 2009
Bermann, Dr. Gerald Norman, *Vancouver, BC*	June 12, 2008
Billung-Meyer, Dr. Wiechmann, *Victoria, BC*	June 21, 2009
Binder, Dr. Hanna Elzbieta, *Maple Ridge, BC*	July 11, 2009
Brown, Dr. Eva Margarete Johanna, *Creston, BC*	May 18, 2009
Campbell, Dr. Margaret Elizabeth, *Victoria, BC*	October 4, 2009
Chen, Dr. Ferdinand Tsen-Tshui, *Richmond, BC*	November 14, 2009
Chetwynd, Dr. John Brian, *West Vancouver, BC*	November 25, 2009
Cornish, Dr. Sidney James, *Ottawa, ON*	April 22, 2009
Costanzo, Dr. Dolores Mary, *Port Coquitlam, BC*	September 16, 2009
Deshpande, Dr. Naveen Anant, *Vancouver, BC*	October 13, 2009
Dovey, Dr. Bruce Brentwood, *Kamloops, BC*	April 26, 2009
Duffy, Dr. John Peter, *Abbotsford, BC*	November 19, 2009
Ellingsen, Dr. Emily Myra Gwen, *Victoria, BC*	February 19, 2010
Evans, Dr. James Charles, *Bella Coola, BC*	July 23, 2009
Fukakusa, Dr. Lynn Joseph, *Mill Bay, BC*	June 7, 2009
Furuiye, Dr. Hisashi, *Victoria, BC*	May 18, 2009
Gibson, Dr. William Carleton, *Victoria, BC*	July 4, 2009
Goh, Dr. Anthony Poh Seng, *Vancouver, BC*	January 10, 2010
Hammerich, Dr. Paul Michael Joseph, *Nelson, BC*	October 4, 2009
Harris, Dr. Susan Jane, *Vancouver, BC*	May 17, 2009
Ho Yuen, Dr. Basil, *Vancouver, BC*	February 21, 2010
Hoffer, Dr. Abram, *Victoria, BC*	May 27, 2009
Houston, Dr. George Frederick, *Victoria, BC*	May 8, 2009
Johnson, Dr. H.W., *Vancouver, BC*	May 13, 2009
Jones, Dr. Arthur, *Port Coquitlam, BC*	January 4, 2008
Kindree, Dr. Laverne Clifford, *Squamish, BC*	September 26, 2009
Kolotyluk, Dr. William, *Richmond, BC*	October 14, 2009
Komar, Dr. Leon, Zion, *Israel*	January 27, 2009
Levis, Dr. William Hugh, *Victoria, BC*	August 21, 2009
Lewis, Dr. David John, *Abbotsford, BC*	March 16, 2010
Lott, Dr. Gordon Gatward, *Victoria, BC*	September 24, 2009
Lunam, Dr. James Bell, *Victoria, BC*	February 16, 2009
MacDonald, Dr. Alan Angus, *Richmond, BC*	February 20, 2010
Mackenzie, Dr. Conrad, *Richmond, BC*	January 14, 2010
Maisonville, Dr. Philippe St. Louis, *Vancouver, BC*	June 30, 2009
McAdam, Dr. Ronald, *West Vancouver, BC*	February 20, 2010
McDaniel, Dr. Bernard Minshull, *Penticton, BC*	March 18, 2010
Mckeown, Dr. Robert Alfred, *Al Baha, Saudi Arabia*	August 2, 2009
McNeely, Dr. Michael Douglas Dick, *Victoria, BC*	August 20, 2009
Meadows, Dr. Terence Arthur, *Port Alberni, BC*	August 9, 2009
Meth, Dr. Bernhard, *West Vancouver, BC*	May 31, 2009
Nichol, Dr. Hamish, *Vancouver, BC*	August 23, 2009
Norris, Dr. Brian Douglas, *Surrey, BC*	June 13, 2009
Parks, Dr. John, *Richmond, BC*	September 9, 2009
Percheson, Dr. Peter Brady, *Vancouver, BC*	January 11, 2010
Pos, Dr. Robert, *Vancouver, BC*	March 23, 2009
Potter, Dr. Gordon Edward, *Parksville, BC*	May 9, 2009
Puttick, Dr. Michael Paul Ernest, *Kelowna, BC*	February 23, 2010
Reddy, Dr. A. R. Ramachandra, *Vancouver, BC*	August 24, 2009
Rix, Dr. Donald Blake, *Burnaby, BC*	November 6, 2009
Robertson, Dr. Charles Eric, *Delta, BC*	June 28, 2009
Rodrigue-Vinet, Dr. Ani-Raphaelle, *Nanaimo, BC*	August 5, 2009
Sheehan, Dr. Finbarr Gerald, *Vancouver, BC*	July 8, 2009
Sim , Dr. Myre, *Victoria, BC*	August 22, 2009
Simard, Dr. Christine, *Ottawa, ON*	May 27, 2009
Smaill, Dr. William Donald, *Vancouver, BC*	November 26, 2009
Smart, Dr. Maxwell Roderic, *Vernon, BC*	August 16, 2009
Smit, Dr. Elmor, *Richmond, BC*	January 17, 2009
Stonier, Dr. Peter Finden, *Delta, BC*	June 8, 2009
Telford, Dr. Kerry Margaret, *Vancouver, BC*	November 29, 2009
Theal, Dr. Gordon Irvine, *Courtenay, BC*	December 13, 2008
Thomas, Dr. Ifor MacKay, *Clearwater, BC*	February 17, 2010
Thompson, Dr. George Hector, *Victoria, BC*	April 2, 2009
Tucker, Dr. Frederick Gordon, *Victoria, BC*	February 21, 2010
Underhill, Dr. James Harling, *Vancouver, BC*	July 19, 2009
White, Dr. Roy Alan, *Vancouver, BC*	December 7, 2009
Wickham, Dr. Thomas, *Ladysmith, BC*	February 14, 2009
Wilkinson, Dr. David, *New Westminster, BC*	August 31, 2009
Wong, Dr. Ernest, *Vancouver, BC*	March 17, 2010
Yoneda, Dr. Ross Jiro, *Kamloops, BC*	May 17, 2009

Front row, left to right: Dr. J.R. Stogryn, Mr. G. Stevens, Dr. L.C. Jewett (Treasurer), Dr. D.M.S. Hammell (President), Dr. H.M. Oetter (Registrar), Dr. M.A. Docherty (Vice President), Ms. C. Evans. Middle row, left to right: Dr. L. Sent, Dr. A. Dodek, Ms. V. Jenkinson, Dr. A.I. Sear, Dr. J.G. Wilson, Mr. W.M. Creed, Dr. E.J. Phillips. Back row, left to right: Dr. G.A. Vaughan, Dr. S.G. Holland, Dr. P.T. Gropper, Mr. M. Epp, Mr. R. Sketchley, Dr. W.R. Vroom, Dr. A.J. Burak Missing: Dr. M.L. Piercey, Ms. E. Peaston

College Board

The College is governed by a board of ten peer-elected physicians and five public representatives who are appointed by the Ministry of Health Services. The daily operations of the College are administered by the registrar and other medical and professional staff.

Board Members

Officers

Dr. D.M.S. Hammell, President
Dr. M.A. Docherty, Vice President
Dr. L.C. Jewett, Treasurer

Elected Members

District 1	Dr. D.M.S. Hammell Dr. S.G. Holland
District 2	Dr. G.A. Vaughan
District 3	Dr. A. Dodek Dr. P.T. Gropper Dr. L. Sent
District 4	Dr. J.R. Stogryn
District 5	Dr. M.A. Docherty
District 6	Dr. L.C. Jewett
District 7	Dr. A.I. Sear

Appointed Members

Mr. W.M. Creed
Ms. C. Evans
Ms. V. Jenkinson
Mr. R. Sketchley
Mr. G. Stevens

College Leadership

Registrar

Dr. H.M. Oetter

Deputy Registrars

Dr. D.H. Blackman
(retired January 2010)
Dr. A.J. Burak
Ms. E. Peaston *(Legal)*
Dr. E.J. Phillips
Dr. M.L. Piercey
Dr. W.R. Vroom
Dr. J.G. Wilson
(joined September 2009)

Chief Operating Officer

Mr. M. Epp

College Committees

The Board establishes standing committees made up of members and other medical professionals and public representatives who review issues, and provide guidance and direction to the Board and College staff, ensuring a well-balanced and equitable approach to medical self-regulation.

Executive Committee
Dr. D.M.S. Hammell*+
Dr. M.A. Docherty*<
Dr. L.C. Jewett*
Dr. J.R. Stogryn*
Ms. C. Evans*^
Mr. G. Stevens*^

Finance and Audit Committee
Mr. W.M. Creed*+^
Dr. L.C. Jewett*<
Dr. M.A. Docherty*
Dr. A. Dodek*
Dr. D.M.S. Hammell*
Mr. R. Sketchley*^

Patient Relations Committee
Dr. D.M.S. Hammell*+
Dr. A.I. Sear*<
Ms. C. Evans*^

Registration Committee
Dr. M.A. Docherty*+
Dr. P. Newbery<
Dr. L. Sent*
Ms. C. Evans*^
Mr. G. Stevens*>^
Dr. J.L. Wright
Dr. E.M.S. Frew>
Ms. J. Clarke^

Inquiry Committee – Panel A
Dr. D.M.S. Hammell*+
Dr. M.A. Docherty*<
Dr. A. Dodek*>
Ms. C. Evans*>
Mr. G. Stevens*^

Inquiry Committee – Panel B
Dr. L.C. Jewett*+
Dr. J.R. Stogryn*<
Dr. G.A. Vaughan*
Mr. W.M. Creed*^
Ms. V. Jenkinson*^
Dr. M. Elliott
Dr. T.A. Fera
Dr. D.A. Price
Dr. P.D. Rowe
Dr. C.H. Rusnak
Ms. P. Bowles^
Ms. A. Chan^

Inquiry Committee – Panel C
Dr. A.I. Sear*+
Dr. P.T. Gropper*<
Dr. S.G. Holland*
Ms. C. Evans*^
Dr. R.J. Adderley
Ms. A. Ho^

Inquiry Committee – Panel D
Dr. A.I. Sear*
Ms. C. Evans*
Dr. M. Elliott

Non-Hospital Medical and Surgical Facilities Committee
Dr. S.G. Holland*+
Dr. V.M. Frinton<
Mr. G. Stevens*^
Dr. S.P. Holland
Dr. J.P. McConkey
Dr. G.I. McGregor
Dr. K.A. Stothers
Dr. C.B. Warriner
Dr. N.J. Wells
Ms. M. Gauthier

Quality Assurance Committee
Dr. L. Sent*+
Dr. A. Dodek*<
Mr. R. Sketchley*^

Ethics Committee
Dr. A. Dodek*+
Dr. G.A. Vaughan*<
Dr. P.T. Gropper*
Dr. L. Sourisseau
Ms. L. d'Agincourt-Canning^
Mr. R.D. Small^

Methadone Maintenance Committee

Dr. J.E. Dian[+]
Dr. P.W. Sobey[<]
Dr. J.R. Stogryn[*]
Dr. D.J. Hutnyk
Dr. P.H. Mark
Dr. D.C. Marsh
Dr. D.A. Rothon

Prescription Review Committee

Dr. L. Sent[*+]
Dr. M. Khara[<]
Dr. J.F. Anderson
Dr. C.M. Blackwood
Dr. D.M. McGregor
Dr. R.D. Shick

Library Committee

Dr. A.I. Sear[*+]
Dr. J.C. Butt
Dr. R.E. Gallagher
Dr. S.G. Holland
Dr. M. McGregor

Diagnostic Accreditation Committee

Dr. H. Huey[+]
Dr. J.C. Heathcote[<]
Dr. D.R. Carlow
Dr. R.S. Muir
Dr. N. Murray
Dr. B.J. Toews

Discipline Committee

Physician Members

Dr. R.D. Kinloch[+]
Dr. E.M. Frew[<]
Dr. C. Chan-Yan
Dr. M.J. Donlevy
Dr. D.C. Drummond
Dr. V.M. Frinton
Dr. G.R. McIver
Dr. P.A. Mitenko
Dr. J.P. Whitelaw

Public Members

Ms. J. Clarke
Ms. L. Horswill
Mr. J. Lynn
Ms. J. Morley, QC
Ms. L. Purchase
Mr. R.D. Small

Legal Members

Mr. M.A. Clemens, QC
Mr. E.D. Crossin, QC
Mr. R.W. Hunter
Ms. K.F. Nordlinger, QC
Ms. J.P. Whittow, QC

Medical Practice Assessment Committee *(Formerly known as COMPA)*

Dr. J.W. Barclay[+]
Dr. R.A. Baker[<]
Dr. M.A. Dahl
Dr. A. Hosie
Dr. C. Penn

Blood Borne Communicable Diseases Committee

Dr. M. Krajden[+]
Dr. V.C. Montessori[<]
Dr. F.H. Anderson
Dr. P.R.W. Kendall
Dr. A. Ramji
Dr. H.G. Stiver

Legend
[*] Board member
[+] Chair
[<] Vice Chair
[^] Public Representative
[>] Alternate

College Departments and Contacts

Registration
Dr. E.J. Phillips
Deputy Registrar

Public Inquiries and Complaints
Dr. A.J. Burak
Deputy Registrar
Dr. M.L. Piercey
Deputy Registrar
Dr. J.G. Wilson
Deputy Registrar
Ms. S. Goddard
Director

Communications
Ms. S. Prins
Director

Records, Information and Privacy
Ms. J. Liu
Director

Legal
Ms. E. Peaston
Deputy Registrar
Ms. L. Zee
Legal Counsel

Operations and Administration
Mr. M. Epp
Chief Operating Officer

Professional Corporations
Dr. D.H. Blackman
Deputy Registrar
(retired January 2010)
Dr. W.R. Vroom
Deputy Registrar

Prescription Review Program
Dr. J.G. Wilson
Deputy Registrar

BC Methadone Program
Dr. A.J. Burak
Deputy Registrar

Non-Hospital Medical and Surgical Facilities Program
Dr. E.J. Phillips
Deputy Registrar
Ms. P. Fawcus, RN
Director

Diagnostic Accreditation Program
Dr. D.H. Blackman
Deputy Registrar
(retired January 2010)
Dr. W.R. Vroom
Deputy Registrar
Ms. Sharmen Vigouret Lee
Executive Director

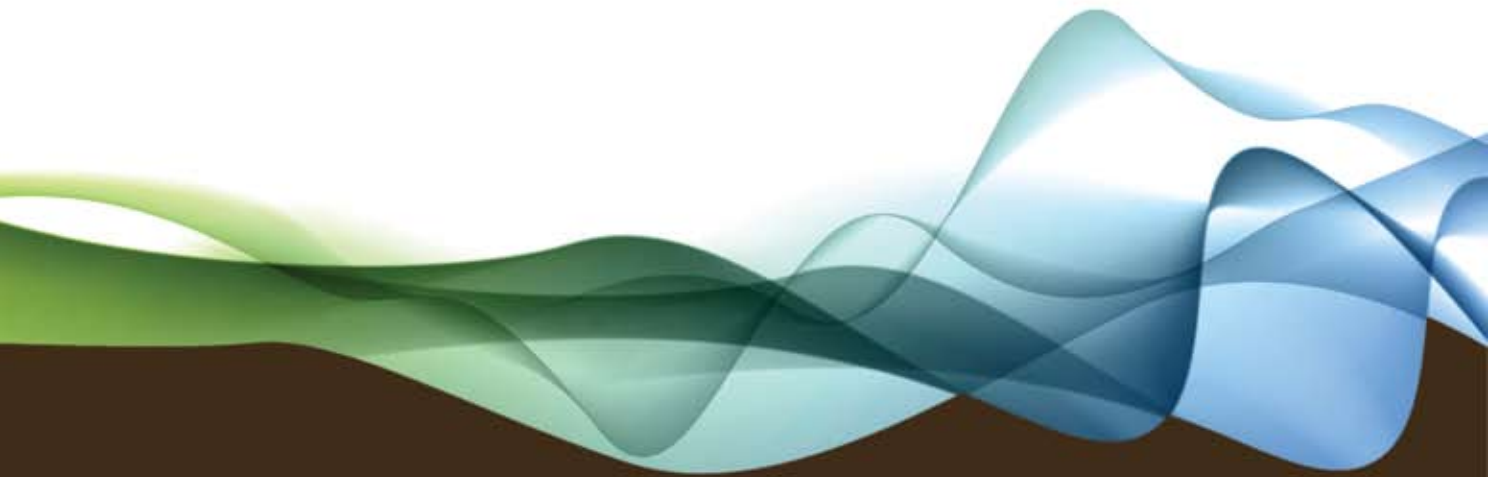
Medical Practice Assessment
Dr. D.H. Blackman
Deputy Registrar
(retired January 2010)
Dr. W.R. Vroom
Deputy Registrar

College Library
Ms. J. Neill
Librarian/Co-Manager
Ms. K. MacDonell
Librarian/Co-Manager

The Medical Directory

A copy of the 2009/10 Medical Directory was mailed to current registrants of the College in October 2009. Additional copies are available for purchase by registrants, health authorities and others approved by the College in accordance with current privacy legislation. The Medical Directory is published each year in the fall. It is also available as an electronic file to registrants upon request.

An online version of the Medical Directory is accessible to the public on the College's website at **www.cpsbc.ca**.



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College Library 604-733-6671 **www.cpsbc.ca**